



Consumer Services Department

Office of the Director
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LIMOUSINE ADVISORY GROUP APPLICATION

(Submission deadline for application is July 6, 2010)

Name: _____ Title: _____

Company Name: _____ Miami-Dade Limousine License #: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

1. Please review the LAG member categories below and indicate the seat(s) you are applying for:

- ☐ Limousine License Holder
☐ Consumer

2. List all the for-hire transportation businesses in which you have a financial interest, or, check the box below:

☐ I do not have a financial interest in any for-hire transportation business.

3. Provide a detailed description of your background and qualifications for possible selection for LAG. You may attach a resume or detailed bio.

Please state why you desire to serve on the LAG?

5. LAG meetings are held generally on a quarterly basis. Will anything prevent you from attending meetings on a regular basis?

Do you or your business have any unpaid civil penalties, unpaid administrative hearing costs, unpaid enforcement costs, or unpaid liens owed to Miami-Dade County?

☐ Yes ☐ No

(Additional pages may be attached if necessary)